

**RELINQUISHMENT OF INDIAN CHILD BY
ALLEGED NATURAL FATHER
Out of State or Country**

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 20____, the _____ /
California Department of Social Services hereby signifies its willingness to accept the annexed relinquishment.

SIGNATURE OF AUTHORIZED AGENCY OFFICIAL

I, _____, having been alleged to be the father of _____

_____, a minor _____ child, born _____

SEX

DATE

CITY

STATE

do hereby relinquish said child for adoption to _____

AGENCY NAME

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the California Department of Social Services an organization authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. I fully understand that when this relinquishment is filed with the Headquarters office of the California Department of Social Services-Adoptions Branch by said agency, any rights to the said minor child will be terminated, and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed.

Date _____

SIGNATURE OF ALLEGED NATURAL FATHER

ADDRESS

Signed in presence of:

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

STATE

COUNTY

WITNESS SIGNATURE

WITNESS SIGNATURE

STATE

STATE

COUNTY

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including right to withdraw the relinquishment prior to the signing of the decree of adoption were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE

NAME OF COURT OF JURISDICTION